

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0976946.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/16/2024 2:50 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN		
Pursuant to the provisions of KRS following statement: 1. The assumed name is:	365, the undersigned applies to efree Insurance		t purpose, submits the
The name of the business entite name: Attain Insurance Services In		tnership, the partners) that is	s/are adopting the assumed
Name must be identical to the name		State.)	
principal de la companya del companya del companya de la companya	I Partnership Liability Partnership Partnership ss Trust ation Liability Company by Trust Cooperative Association porated Non-profit Association	a Foreign Unincorpo	ability Partnership artnership Trust on ability Company
4. The business is organized and	existing in the state or country of	1 101144	
 The mailing address is: Progress Drive, Suite 11 	7 Linthicum	MD	21090
Street Address or Post Office Box N	lumbers C	ity State	Zip
I declare under penalty of perjury u		he forgoing is true and corre	

Printed Name

Title

Date

Authorized Party Signature